

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039422

STATE FILE NUMBER

Registration District No. 078 Primary Registration District No. 5370 Registrar's No. 107

FILED OCT 21 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winston</u>		c. CITY OR TOWN <u>Winston</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 6 East of Gallatin</u>		d. STREET ADDRESS (If outside, give location) <u>Winston</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Darrold Stonner</u>		4. DATE OF DEATH Month Day Year <u>10-15-1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-9-1928</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Camden Mo</u>
13a. FATHER'S NAME <u>Mark Stonner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sharp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Korea</u>		17. INFORMANT Address <u>Jo Ann Stonner Winston, Mo, R.R.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull & Neck</u> DUE TO (b) <u>Auto Accident</u> DUE TO (c) <u>Auto Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto accident</u>	
20c. TIME OF INJURY <u>2:30</u> p.m.	Month, Day, Year <u>10-15-63</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Highway #6</u>	20f. CITY, TOWN, OR LOCATION <u>Daviess County Missouri</u>	
21. I attended the deceased from <u>death</u> and last saw him alive on <u>2:30 p.m.</u> Death occurred at <u>approx</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Virgil C. Starns</u> (Degree or title)	22b. ADDRESS <u>Corona-Davies Mo Pattonburg Mo</u>	22c. DATE SIGNED <u>10-15-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-17-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Winston</u>	23d. LOCATION (City, town, or county) (State) <u>Winston Mo</u>
24. FUNERAL DIRECTOR <u>Virgil C. Starns</u> ADDRESS <u>Winston</u>		25. DATE RECD. BY LOCAL REG. <u>10-18-1963</u>	26. REGISTRAR'S SIGNATURE <u>Virgil C. Starns</u>

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1963

NOV 19 1963

Permit Recd. 10-18-63 (102)
Permit No. 901

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Virgil W. Strong

Licensed Embalmer No.

4074

P. O. Address

Winston, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.